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TIN: 82-5125881

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

memair	revent	ue Service					Inspection
A Fo	r the	e 2019 ca	endar year, or tax year beginning 01-01-2019 , and ending 12-31-	2019			
B Chec	k if a	pplicable:	C Name of organization		D Employer	identifi	cation number
		change	Up from the Ashes		82-51258	0 1	
O Nan					02-31230	01	
O Init			Doing business as				
		n/terminated d return	Number and street (or D.O. box if mail is not delice and to shoot address \$1.00 to (or it)		E Telephone	number	
		on pending	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 455 Capitol Mall Ste 600	•	(916) 442	-7757	
- App	nioden.	on parialing	City or town, state or province, country, and ZIP or foreign postal code		(310) 442	1131	
			Sacramento, CA 95814		<b>G</b> Gross rece	inte \$ 22	5 000
		-	F Name and address of principal officer:	U(a) *			3,000
			Steve Campora		a group retu	rn for	C
			455 Capitol Mall Ste 600 Sacramento, CA 95814		dinates? I subordinate:		☐Yes ☑No
T Tay	-ever	mpt status:		includ		•	Yes No
			☐ 501(c)(3) ☐ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		," attach a lis		
J We	ebsit	te: www	.holdpgeaccountable.com	H(c) Group	exemption n	umber	•
K Form	of or	rganization:	☐ Corporation ☐ Trust ☑ Association ☐ Other ▶	L Year of forma	tion: 2018	1 State	of legal domicile: CA
Pa		Sumn					
	1 !	To protect	ribe the organization's mission or most significant activities: the legal rights of victims of man-made disasters.				
30							
na						***********	
Ver	_	61 1.11:					
Governance		Check this Number o	foot F U  f voting members of the governing body (Part VI, line 1a)			3	3
			f independent voting members of the governing body (Part VI, line 1b)			4	
es			ber of individuals employed in calendar year 2019 (Part V, line 2a)			-	3
Activities &					•	5	0
Vct.			ber of volunteers (estimate if necessary)			6	3
-			lated business revenue from Part VIII, column (C), line 12			7a	0
	D	Net unreia	ted business taxable income from Form 990-T, line 39			7b	
				Pri	or Year		Current Year
9			ons and grants (Part VIII, line 1h)		685,00	0	225,000
Revenue			ervice revenue (Part VIII, line 2g)				0
Re			t income (Part VIII, column (A), lines 3, 4, and 7d )				0
	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		685,00	0	225,000
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)		Action to produce any service of the contract		0
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)			1	0
83	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5–10)	-		+	0
US(			nal fundraising fees (Part IX, column (A), line 11e)			+-	0
Expenses			ising expenses (Part IX, column (D), line 25) ▶0		***************************************	+	
Δ			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		662,64	7	202 570
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				203,578
			ess expenses. Subtract line 18 from line 12		662,64		203,578
es es			and any analysis of the state o	Beginning	of Current Yea		21,422 End of Year
Net Assets or Fund Balances				- Janning	carrent re	-	Life of Teal
Bal	20	Total asse	ts (Part X, line 16)		22,35	3	43,775
to De			ities (Part X, line 26)			1	0
ZZ			or fund balances. Subtract line 21 from line 20		22,35	3	43,775

24/2021		11 20	7 TOIM 770				
Part II	Signature Block						
	and belief, it is true, correct, and con			es and statements, and to the best of my ased on all information of which preparer has			
Sign Here	Signature of officer  Steve Campora President			2020-05-05 Date			
	Type or print name and title		HALLOW MAN HERE TO BE A VICTOR OF THE PARTY				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN P00052634			
Prepare	=1	Firm's name ▶ John Waddell & Co CPAs					
Use On	Firm's address > 3416 American	Firm's address ▶ 3416 American River Drive A					
	Sacramento, C	95864					
May the IR	S discuss this return with the prepar	er shown above? (see instructions)		💟 Yes 🗌 No			
For Paper	work Reduction Act Notice, see t	ne separate instructions.	Cat	. No. 11282Y Form <b>990</b> (201			

			Page	e 2 ———		
Form	990 (2019)					Page 2
Pai	Stateme	nt of Program Service	Accomplishments			
			-	this Part III		0
1		ne organization's mission:				
To pr	otect the legal righ	ts of victims of man-made of	isasters.			
-						
2	Did the organizati	ion undertake any significan	t program services durin	ng the year which	were not listed on	
		0 or 990-EZ?				Yes No
		these new services on Sche				- 105 - 110
3	1.50	ion cease conducting, or ma		how it conducts,	any program	
	services?					Yes No
		these changes on Schedule	0			
4				1 . 7 2 . 11 1		
7					est program services, as measu ents and allocations to others, th	
		venue, if any, for each prog			,	
4a	(Code:	) (Expenses \$		grants of \$	) (Revenue \$	)
	Advocated for legal	rights of victims of man-made d	isasters.			
4b	(Code:	) (Expenses \$	1,367 including	grants of \$	) (Revenue \$	)
110	•				nce and other information for the gen	,
			The state of the s		ace and other information for the gen	erar public.
4c	(Code:	) (Expenses \$	includina	grants of \$	) (Revenue \$	)
		y y 200 g 200 more 200 av		<i>y</i> +	) (	,
	-					
4d	Other program a	anvisas (Describe in Cabada	1-01			
Hu	(Expenses \$	ervices (Describe in Schedu	,	4	(B	,
4e		service expenses	ding grants of \$	)	(Revenue \$	)
76	rotar program	service expenses	197,311			

Page 3

Pan	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		No

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Par	Checklist of Required Schedules (continued)			
	The second secon		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			-
-	Check if Schedule O contains a response or note to any line in this Part V		· · ·	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Case: 10 20099   Doc# 10749 2   Eilod: 06/06/21   Entered: 06/07/21 09:20:			_

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a	Yes	
	solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13		-		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 No Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O. 16 No

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	-
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
3	Did the organization have a written whistleblower policy?	13		No
4	Did the organization have a written document retention and destruction policy?	14		No
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		N
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
b		Accessed to the control of the contr	-	_
	ection C. Disclosure			

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records:

  Bell McAndrews Hiltachk 455 Capitol Mall Ste 600 Sacramento, CA 95814 (916) 442-7757

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					r	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations
(1) Steve Campora President	0.00	Х		х				0	0	0
(2) Michael Kelly Secretary	0.00	Х		х				0	0	0
(3) Frank Pitre Treasurer	0.00	х		х				0	0	0
										1

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Par	Section A. Officers, Direc	tors, Trustees	, Key E	mpl	oye	es,	and I	High	nest Con	npensate	ed Employees (	contir	nued)		
	(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Report competition from the first competition (do not check more than one box, unless person to competition from the first competition (do not check more than one box, unless person to competition from the first competition (do not check more than one box, unless person to competition (do not check more than one box, unless person than one box than officer and a director/trustee)						Repo compe fron organiza	ortable ensation m the ation (W-	(E) Reportable compensation from related organizations (W 2/1099-MISC)	/-	(F) Estimated amount of other compensation from the organization and		
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	9-MISC)	2/1099-M3C)		related organizations		
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				T		T		$\dagger$		restricted to the second secon		$\dagger$		otogori udiny isograpy stradov	
11.	Cub Tatal							L				_			
th Sub-Total															
2	Total number of individuals (includir of reportable compensation from the	a but not limited	to thos			bov	e) wh	o red	ceived mo	ore than \$	100,000				
_													Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>						d employee on	3		No					
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							m the							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							lividual for	4		No				
Se	ection B. Independent Contrac	tors		PER DECEMBER OF THE PER PER PER PER PER PER PER PER PER PE	i eta		-					5		No	
1	Complete this table for your five hig from the organization. Report comp	hest compensate ensation for the	ed indep calenda	ende r yea	nt co	ontr ding	actors with	that or w	t received ithin the o	l more tha	n \$100,000 of cor on's tax year.	npens	ation		
(A) Name and business address						·		(B) cription of services		(C Comper					
1817	Capitol Ave									Advertising				105,713	
Sacra	amento, CA 95811														
						-									
2	Total number of independent contract	ors (including bu	t not lin	nited	to th	iose	listed	abo	ve) who	received n	nore than \$100,00	0 of	**************************************		

Page 9 Form 990 (2019) Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Related or Unrelated Revenue Total revenue excluded from business exempt tax under sections revenue function 512 - 514 revenue erated campaigns 1a Other Similar Amounts Contributions, Gifts, Grants nbership dues . 1b draising events ited organizations 1d ernment grants (contributions) 1e and ther contributions, gifts, grants, and similar amounts not included 1f above 225,000 g Noncash contributions included in lines 1a - 1f:\$ 1g h Total. Add lines 1a-1f . 225,000 **Business Code** 2a Revenue Service Program f All other program service revenue. 9 Total. Add lines 2a-2f. . . . . ▶ Investment income (including dividends, interest, and other similar amounts) . . . . . Income from investment of tax-exempt bond proceeds -Royalties . (i) Real Other (ii) Personal a Gross rents 6a b Less: rental 6b expenses Rental income **6**c or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7a Gross amount 7a from sales of assets other than inventory Less: cost or 7b other basis and sales expenses Gain or (loss) Case: 19-30088 Doc# 10748-2 Filed: 06/06/21 Entered: 06/07/21 08:39:31

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		s must complete col	
<del>'</del>	(B)	(c)	(D)
P	rogram service expenses	Management and general expenses	Fundraising expenses
	1	1	
+-			
0			
2		5,182	
-			
4	195,944	1,000	
0	195,944		
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0			
0			
0			
7	1,367		
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8	197.311	6.267	
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educational campaign and fundraising solicitation.

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

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Part X		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX		<del></del>	U
			(A) Beginning of year		(B) End of year
	•	Cash-non-interest-bearing	22,353	1	43,775
\$	1	Savings and temporary cash investments		2	0
	2	Pledges and grants receivable, net		3	0
	3	Accounts receivable, net		4	0
	4 5	Loans and other payables to any current or former officer, director, trustee,			
	5	key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .		6	0
	7	Notes and loans receivable, net		7	0
ssets	8	Inventories for sale or use		8	0
ASS	9	Prepaid expenses and deferred charges		9	0
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities .		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,353	16	43,775
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).  Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow FASB ASC 958, check here ►			
Fund Balances	27	complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	22,353	27	43,775
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ □ and			
0	29	complete lines 29 through 33.  Capital stock or trust principal, or current funds		29	1
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	22,353		40 775
Net	33	Total liabilities and net assets/fund balances		-	43,775
	100	Total navinces and net assets/fully valdifies	22,353	33	43,775 Form <b>990</b> (2019)

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orm	990 (2019)		Р	age <b>12</b>
Par	Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			,	225 000
1	Total revenue (must equal Part VIII, column (A), line 12)			225,000
2	Total expenses (must equal Part IX, column (A), line 25)			203,578
3	Revenue less expenses. Subtract line 2 from line 1			21,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			22,353
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			40.775
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10		Nago managana managana a Managana	43,775
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			No
_	Accounting method used to prepare the Form 990:		Yes	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
ь	Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2b		No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

**Additional Data** 

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Form 990, Special Condition Description:

**Special Condition Description**